

Non-Natural Disaster Emergency Designation and Authorization for an Exception to the Biweekly Maximum Earnings Limitation

Part 1. Non-Natural Disaster Emergency Designation

(To be signed by the Administrator, Assistant Administrator, Associate Administrator, Regional Administrator, or his/her designee)

a. Designation:

A non-natural disaster emergency, involving a direct threat to life or property, is in effect.

Region(s)/Office(s): Region 9

Type of non-natural disaster:

Location(s):

Date emergency began:

Date emergency to end:

I request approval of an exception to the biweekly maximum earnings limitation. This exception should remain in effect until I notify the Human Resource Officer that the emergency has concluded, by completing Part 3 of this form.

The exception will apply to the employees listed in Part 1b below. These employees are performing work on-scene emergency work. As the emergency continues, I may add employees to the list by notifying the Human Resource Officer.

(Signature)

(Date)

Serena McIlwain, Assistant Regional Administrator
(Title)

b. Employees for whom the exception is requested: *(attach a separate sheet if necessary)*

Name	SSN

(After completing Part 1, forward this form to the Human Resource Officer. Retain a copy to be attached when completing Part 3 at the conclusion of the emergency.)

Part 2. Authorization for Exception to the Biweekly Maximum Earnings Limitation*(To be completed by the Human Resource Officer)*

I authorize an exception to the biweekly earnings limitation for the employees listed in Part 1b. This exception is authorized according to the provisions of 5 CFR 550.106(a). The exception will remain in effect until I notify Financial Management Division by completing Part 4 of this form.

Effective date of the exception: _____
(Beginning of the pay period during which the emergency began.)

Lizabeth Engebretson, Human Resources Director
Las Vegas Shared Service Center

Date

(Send to Financial Management Division, Headquarters Accounting Operations Branch, Payroll Section, PM-226. Retain a copy of this form to be attached when completing Part 4 at the conclusion of the emergency.)

Part 3. Notification of Conclusion of Non-Natural Disaster Emergency*(To be signed by the Administrator, Assistant Administrator, Associate Administrator, Regional Administrator, or his/her designee)*

I certify that the non-natural disaster emergency in Region(s)/Office(s): **Region IX**, which began on _____ has concluded. The exception to the biweekly maximum earnings limitation, now in effect for the employees listed in Part 1b, is no longer required.

Serena McIlwain (Signature)

Termination of the exception to the biweekly
limitation should be effective:

Assistant Regional Administrator
(Title)

(Date of conclusion of the emergency)

(Date)

Forward this form to the Human Resource Officer. Attach copy of Part 1b.

Part 4. Authorization for Termination of Exception to the Biweekly Maximum Earnings Limitation*(To be completed by the Human Resource Officer)*

I authorize the termination of the exception to the biweekly earnings limitation that is currently in effect for the employees listed in Part 1b. The biweekly limitation will be reinstated.

Effective date of the termination: _____
(End of the pay period during which the emergency concluded.)

Lizabeth Engebretson, Human Resources Director

Date

Las Vegas Shared Service Center

(Send to Financial Management Division Headquarters Accounting Operations Branch, Payroll Section, PM-226. Retain a copy of the form for Human Resources Office records.)

Appendix 3

Request for Exception to the Biweekly Maximum Earnings Limitation

Instructions: Parts 1, 2 and 3 will be completed by the Regional Administrator, Assistant Administrator, Associate Administrator or his/her designee. For emergencies affecting more than one Region or Headquarters Office, the Director, Emergency Response Division, OSWER, will coordinate completion of this form, with input from an affected Regions or Headquarters Offices.

Parts 1 and 2 will be detached from this form and used as an attachment to a memorandum from the Director, OHRM, to the Office of Personnel Management (OPM) when requesting approval of an exception. After Parts 1 and 2 are detached, a copy should be retained by the Director, OHRM, to be attached to Parts 4 and 5 when he/she completes those parts of the form.

Parts 3, 4, and 5 are for EPA's internal use after receipt of approval from OPM of an exception.

Part 1. Description of the Emergency

- a. **Type of emergency:**
- b. **Nature and extent of threats to life and property:**
- c. **Location:**
 - Region (s)/Office(s): **Region 9**
 - State(s): California
- d. **Date emergency began:** */DATE WE DEPLOYED PERSONNEL/*
- e. **Estimated duration of emergency:**

Part 2. Employees Covered by the Exception

- a. **Estimated number of employees performing work directly related to resolving the emergency:**
- b. **Estimated average number of overtime hours worked per pay period:**

c. **Types of work being performed:**